

RECEIVED
CENTRAL FAX CENTER
FEB 03 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pentakota
Serial No: 10/706,029
Filed: 11/13/2003
For: APPLYING DESIRED VOLTAGE AT A NODE

Docket No: TI-37058
Examiner: Lauture, Joseph
Art Unit: 2819

Fee
only

AMENDMENT UNDER 37 C.F.R. § 1.115

Assistant Commissioner For Patents
Washington, DC 20231

<p>CERTIFICATION OF FACSIMILE TRANSMISSION</p> <p>I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at 703-872-8306 on <u>2-3-05</u>:</p> <p><i>Immie Chambers</i> Immie Chambers</p>
--

Dear Sir:

Responsive to the Office Action mailed November 3, 2004 in connection with the above identified application, Applicants respectfully submit the following amendments and remarks.

BEST AVAILABLE COPY

TI-37058 Page 1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10706029

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
2305			
Total	* 16	Minus ** 20	=
Independent	* 7	Minus *** 4	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	600
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	600

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY